

**N000704138**  
**Date Filed: 8/31/2018**  
**John R. Ashcroft**  
**Missouri Secretary of State**

\* SECTION 1, 3 & 4 ARE REQUIRED

	REPORT DUE BY: <u>8/31/2018</u>		ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
	N000704138 A New Missouri, Inc. ROBIN SIMPSON 740 STANTON AVE MONROE CITY MO 63456		
	1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *  <u>740 Stanton Ave</u> (Required)	
		STREET <u>Monroe City</u> MO <u>63456</u> CITY / STATE ZIP	
2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.  <input type="checkbox"/> The new registered agent _____ <b>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</b> <input type="checkbox"/> The new registered office address _____  <b>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</b>		
	A	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST PRESIDENT AND SECRETARY BELOW</b>	
3		<u>PRESIDENT</u> Joseph, Monu STREET 650 Town Center Dr. <u>CITY/STATE/ZIP</u> #1750 <u>SECRETARY</u> Simpson, Robin STREET 740 Stanton Ave. <u>CITY/STATE/ZIP</u> Monroe City MO 63456 <u>TREASURER</u> Adams, Michael G. STREET 4949 Brownsboro Rd. <u>CITY/STATE/ZIP</u> #297 <u>STREET</u> Louisville KY 40222 <u>CITY/STATE/ZIP</u>	
	B	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST THREE DIRECTORS BELOW</b>	
		<u>NAME</u> Joseph, Monu <u>STREET</u> 650 Town Center Dr. <u>CITY/STATE/ZIP</u> #1750 <u>NAME</u> Simpson, Robin <u>STREET</u> 740 Stanton Ave. <u>CITY/STATE/ZIP</u> Monroe City MO 63456 <u>NAME</u> Adams, Michael G. <u>STREET</u> 4949 Brownsboro Rd. <u>CITY/STATE/ZIP</u> #297 <u>NAME</u> Louisville KY 40222 <u>STREET</u> <u>CITY/STATE/ZIP</u>	
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED		
4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section S75.060 RSMo. Photocopy or stamped signature not acceptable. *		
	Authorized party or officer sign here	Michael G. Adams	(Required)
	Please print name and title of signer:	Michael G. Adams	/ Director
	NAME	TITLE	
	REGISTRATION REPORT FEE IS: <u>\$10.00</u> If filed on or before 8/31/2018 <u>\$15.00</u> If filed after 9/30/2018	WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE	
	Corporation will be administratively dissolved if report is not filed by 11/29/2019	E-MAIL ADDRESS (OPTIONAL): <u>madams@cpblawgroup.com</u>	